

RECEIVED
CENTRAL FAX CENTER
MAY 16 2005

FAX TRANSMISSION

DATE: May 16, 2005

PTO IDENTIFIER: Application Number 10/619,173-Conf. #4997
Patent Number

Inventor: Edwards R. Price

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: EDWARDS & ANGELL, LLP

Robert J. Tosti

PHONE: (617) 517-5584

Attorney Dkt. #: 62950 (52386)

PAGES (Including Cover Sheet): 3

CONTENTS:

Revocation of Power of Attorney and Change of Correspondence Address (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 517-5585 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS & ANGELL, LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

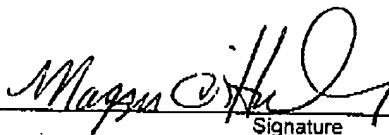
Application No. (if known): 10/619,173

Attorney Docket No.: 62950 (52386)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on May 16, 2005
Date


SignatureMaggie C. Hamelin

Typed or printed name of person signing Certificate

Registration Number, if applicable(617) 517-5585

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Revocation of Power of Attorney and Change of Correspondence Address
(1 page)

PTO/SB/62 (09-04)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | |
|--|------------------------|------------------------|--|--|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/619,173-Conf. #4997 | | |
| | Filing Date | July 14, 2003 | | |
| | First Named Inventor | Edward R. Price | | |
| | Art Unit | N/A | | |
| | Examiner Name | Not Yet Assigned | | |
| | Attorney Docket Number | 62950(52386) | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint the practitioners associated with the Customer Number: 21874

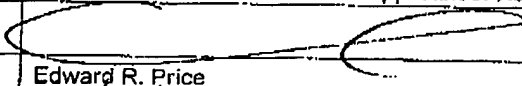
☒ Please change the correspondence address for the above-identified application to:
☒ The address associated with Customer Number: 21874
OR

| | | | | | |
|--|--|-------|-----|----------------|-------|
| <input type="checkbox"/> Firm or Individual Name | EDWARDS & ANGELL, LLP Robert J. Tosti | | | | |
| Address | P.O. Box 55874 | | | | |
| City | Boston | | | | |
| Country | US | State | MA | Zip | 02205 |
| Telephone | (617) 439-4444 | | Fax | (617) 439-4170 | |

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | | | |
|-----------|---|--|-----------|--|--|
| Signature |  | | | | |
| Name | Edward R. Price | | | | |
| Date | 7/28/05 | | Telephone | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.